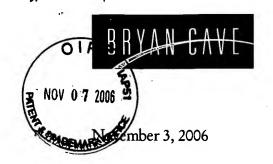
INSTRUCTIONS: This is appropriate. All further conditions appropriate appropriate appropriate appropriate. Current corrects maintenance fee notification current correspondents.	form should be used or or directed of ons. 7 2006 The property of the second of the	her with applicable	P.G. Ale or Fax (57) UE FEE and PUBLICAT orders and notification of rational specifying a new corresponding to the paper of the paper	mil Stop ISSUE FEE mmissioner for Pate D. Box 1450 exandria, Virginia 2 1)-273-2885 ION FEE (if required). Enaintenance fees will be expondence address; and/or e: A certificate of mailing (s) Transmittal. This certifers. Each additional paper e its own certificate of mai	Blocks 1 through 5 shemailed to the current of (b) indicating a separate cannot be used for icate cannot be used for such as an assignment ling or transmission.	domestic mailings of the r any other accompanying t or formal drawing, must also a deposited with the United deposited with the United class mail in an envelope
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	•			11/03/2006	0	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/535,603	05/19/2005		Werner Bonrath	ŀ	C21503USWO	7636
TITLE OF INVENTION:	MANUFACTURE OF	ALPHA-TOCOPHERO	L	(0	C038435/01865	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/07/2006
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS			
BARKER, MICHAEL P 1626 1. Change of correspondence address or indication of "Fee Address" (37			549-411000	01 FC:1501 1400.00 DP 02 FC:1504 300.00 DP		
Change of correspondent CFR 1.363). Change of correspondent CFR 1.363). Change of correspondent CFR 1.363). The change of correspondent CFR 1.363. CHANGE OF CORRESPONDENT CORRESPON	ndence address (or Cha 122) attached.	nge of Correspondence	2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 9.00 OP 1Bryan Cave LLP			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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4a. The following fee(s) an X Issue Fee X Publication Fee (No X Advance Order - # o	small entity discount p	ermitted)	Bb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4467 (enclose an extra copy of this form).			
5. Change in Entity Statu a. Applicant claims S						
NOTE: The Issue Fee and interest as shown by the rec			d from anyone other than the	ger claiming SMALL ENT ne applicant; a registered a	ITY status. See 37 CFR ttorney or agent; or the	assignee or other party in
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Typed or printed name				Registration No. 43		
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PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.



STEPHEN J. BROWN Associate Direct (212) 541-1242 sjbrown@bryancave.com

Mail Stop Issue Fee Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

U.S. Patent Application Serial No. 10/535,603

Filed:

May 19, 2005

For:

MANUFACTURE OF ALPHA-TOCOPHEROL

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C038435/0186530

Sir:

Enclosed are a completed Issue Fee Transmittal Form PTOL-85B (in duplicate), a check in the amount of \$1400.00 to cover the issue fee, a \$300.00 check covering the publication fee, and a \$9.00 check for three soft copies of the patent.

If any of the checks are missing or otherwise insufficient, or if any additional fees are required, please charge the fee (or credit any overpayment) to Deposit Account No. 02-4467. A duplicate copy of this letter is enclosed.

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Respectfully submitted,

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